## L0200005407

(Re	equestor's Name)	1
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
(0.6	yrotaterziph hon	C #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
<b>,</b>		•
Contified Contine	Continue	C
Certified Copies	_ Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	
·		

Office Use Only



000112521600

11/26/07--01021--008 \*\*25.00

O7 NOV 26 PH 2: 40
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

то:		istration Se sion of Cor			
SUBJEC	CT:	Corbet	t-Greco Group, LL	С	
				nited Liability Company)	<del></del>
The encl	osed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn	all correspo	indence concerning this matter	r to the following:	
			Ba	rbara Corbett	
				(Name of Person)	
				(Firm/Company)	
			2662 D	Dick Wilson Drive	
			Sarasota	(Address) a, Florida 34240	
				City/State and Zip Code)	
For furth	er in	formation c	oncerning this matter, please of	call:	
Barbara Corbett (Name of Person)		at ( 941 ) 400-8248 (Area Code & Daytin	ne Telephone Number)		
Enclosed	is a c	heck for the	following amount:		
<b>₹25.</b> 00	) Filir	ig Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

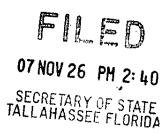
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Corbett-	Greco	Groun	11	C
COIDELL	GIECU	GIUUD.	ᆫᆫ	. •

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L0200005407 and assigned
SECOND:	This amendment is submitted to amend the following:
	Corbett-Greco Group, LLC name is changed to Benefit Agency
	Associates, LLC.
	Barbara Corbett is President
Dated	November 19 , 2007 .
	Barting Lag Tell
	Signature of a member or authorized representative of a member
	Barbara Corbett
	Typed or printed name of signee

Filing Fee: \$25.00